DEPARTMENT OF SOCIAL SERVICES

744 P Street - M.S. 19-31 Sacramento, CA 95814 (916) 445-7964

November 13, 1981

ALL-COUNTY INFORMATION NOTICE I-142-81

TO:

ALL PUBLIC AND PRIVATE ADOPTION AGENCIES

ALL DSS ADOPTIONS DISTRICT OFFICES

SUBJECT: REVISION OF AD 512

This notice is to provide you with a copy of the revised AD 512. The revisions are required as a result of enactment of AB 3070 (Chapter 1229, Statutes of 1980) which amends Civil Code Section 224s to provide that for a child placed for adoption the written report on the child's background shall contain all known diagnostic information, including current medical reports, psychological evaluations and scholastic information, as well as all known information on the child's developmental history and family life.

New forms will be available in six months. Adoption agencies and Adoptions district offices can order a supply from:

State Department of Social Services Warehouse 6150 - 27th Street - M.S. 19-20 Sacramento, CA 95822

If assistance is needed regarding the use or content of the revised form, please contact your Adoptions Program Consultant.

Sincerely,

JAMES H. GOMEZ

Deputy Director

cc: CWDA



PSYCHOSOCIAL AND MEDICAL HISTORY

NOTE: ALL IDENTIFYING INFORMATION IS TO BE REMOVED IF AD 512 IS PROVIDED TO ADOPTIVE PARENTS

Inst	tructions for Completic	on:									
	t 1A to be completed f										
			2 years of age or over. ny item, indicate unknow	ń.							
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Name of Child					Sex Case Number Maie Female						
Plac	ce of Birth (Hospital o	r Residence	- Name and Address)								
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A	ending Physician	2*************************************	PPP which the tribitions are as the construction of the constructi							property and the second section of the second second section of the second section of the second section section section section second section sectio	
лие	ending enysteran					Pediatrician (If d	ifferent)				
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enamas Birt	hdate		Time	5274575000H0p		Full Term			Premetur	e (Months)	
amento en	がと I					☐ Yes	□ No				
Wei	ght at Birth		Length at Birth Spontaneous Forcep			Measurements (infants) in	Head	iead	Chest	Abdomen	
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Del	ivery Data					Presentation			Duration of Labor		
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	normaliteraty vakit (plus pu pro heart of replayor (programm uniqs mersya-reportants, so					□ _{Yes}	□ N°		1		
Cor	mplications of Birth, includ	ding any birth i	njury to child and the preser	ice of any i	Ilness, e	disease or defect of a ge	netic or here	ditary nature			
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Wei	ght Gain or Loss		Discharge Weight			Breast Fed	Breast Fed If yes, how long? Yes No			w long?	
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СН	eck any of the fo	LLOWING TI	hat have been pres	ENT:		Circumcision					
war pychalic	Bleeding Tendencie	98	Jaundice			8	ology on infant, if done				
·	Convulsions		Pallor			Date Result					
	Cyanosis		Tremors	Tremors			PKU Done			Exemptions	
FEFFER & WHILE	Diarrhea		Vomiting			Yes Date		•		Medical	
r/A2-WWw.marr	Other (specify)	ra-disk Villagi der til fra synstime del til til disk for til sing for the synstyle species of the syn	Other (specify)	· · · · · · · · · · · · · · · · · · ·	**************************************	1	Туре	·		Religious	
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Hist	ory of Immunization	Date	AND	Da	+0	Other Tests		Date		Results	
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Diphtheria			Polio		· · · · · · · · · · · · · · · · · · ·	ТВ					
Measles			Smallpox					W. P. C.		15	
Pertussis Tetanus		Tetanus									
Sou	Sources of information				Worker			Title			
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PART 1B CHILD TWO YEARS OLD OR OVER

	CHILD	ноог	DILLNESSES (CHE	CK ANY OF TH	E FOLLOWING CHILD I	HAS HAD)		
 _	Allergies (specify)		Measles]	Scarlet Fever			
	Chickenpox		Mumps		Tonsillítis			,
	Diphtheria		Prieumonia		Tuberculosis			
	German Measles		Rheumatic Fever		Whooping Cough			
Othe	r illnesses and injuries including illnesses, disease	s and	defects of a genetic or	hereditary nature-	specify and give dates	· · · · · · · · · · · · · · · · · · ·		
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Hos	pitalizations — specify and give dates		·		7.			
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PART 1C PSYCHOSOCIAL AND SCHOLASTIC HISTORY

Psychological Evaluation (and or evider	and of province the behavior explanation	
Typical Evaluation tails of evider	ice of emotional or penavior problems)	
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Scholastic Information (if appropriate)		A STATE OF THE STA
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Development History and Family Life		
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Sources + Interpratacy	Worker	Little

HEALTH HISTORY

Nan	ne of Child		Name of Mother	And the second s	Cas	e Number		
White for the same	AND RECORD AND AND AND AND AND AND AND AND AND AN	A 11 120	The Blather	Prenatal and Postnatal				
Whe	n first seen by doctor		THE MOTHER		Care	Marin jakkumpun merjungkan kentan mengan binan bina		
	M Thist seen by doctor	When last seen		Birthdate		No. of previous pregnancies		
No.	No. of previous live births Weight gain duri		ing pregnancy	RH Factor	W	Blood Type		
Med	ications and drugs during pregnancy	A second	Million and control of the control o	Serology Date results	If positive, date of treatment			
Ехр	osure to Toxic Environmental Conditions	or Substances during	g pregnancy including o	irug, tobacco, alcohol use/abuse				
Com	MADE A CONTRACTOR OF THE STATE	**************************************						
, Com	ments — (Complications or accident	s during pregnanc;	y — any indications	of anemia)				
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Con	tagious or Infectious Diseases (Che	Contraction of the second seco			· y	der transfer eine der der der der der der der der der de		
elv/~menama	Chickenpox	Gonorrhea		Mumps		Syphilis		
	German Measles	Measles		Scarlet Fever		Tuberculosis		
Othe	r Diseases	1				1 aperculosis		
	Allergies - specify	Cystic Fibros	sis	Sickle Cell Anemia	The same of			
	Convulsions	Diabetes			· · · · · · · · · · · · · · · · · · ·			
Curre	nt Health Status		**************************************		<u>1</u>	Mary and the second sec		
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Comr	nents - Health History including disease o	r defect of a genetic	or hereditary nature			MARAHANI waka waka waka mana na kanya papamaha ni mina piningi tahukura na mwaka misio azao wa pa		
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Source	es of information		Worker		This is a			
			, and a second		Title			
-			<u> </u>					

HEALTH HISTORY

Name of natural father					Case number			
		Part 111	The Natural Fath	er—Health Hi	story			
Birthdate	k (* 1865 a. 2014 - 2014), en emilik <u>e eg</u> t statifik (filosofisk filosofisk 19 ⁶⁶ ik filosofisk	RH Factor	ana di Mangoli di Mangoli, andre a sasaring a sa tanàn	Bloo	od Type			
Current Health Status	MEZICANI DI TURBINI DI		<u> </u>					
	•							
Contagious or infectious Disease	s (Check any of the	following father ha	as had)					
Chickenpox	Gonorrhe	ea	Mumps ·		Syphilis			
German Measles	Measles		Scarlet Fe	ver	Tuberculosis			
Other Diseases								
Allergies - specify	Cystic F	ibrosis	Sickle Cel	I Anemia		-		
Convulsions	Diabetes	· · · · · · · · · · · · · · · · · · ·						
Comments - Health History including of	disease or detect of a g	enetic or hereditary na	ture					
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Sources of information		'	Worker		Title			